

Central MRS Meeting Notes
July 27, 2006
Forsyth Co Health Dept.

Counties Present: Ashe, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Mecklenburg, Orange, Rockingham, Surry, Yadkin,

Introduction

News – Announcements

MRS Institute

Defining

Shared Parenting

CFT

Collaboration w/ Law Enforcement and Work First

Announcements

- Registration for MRS learning institute is due by the end of this week. Holly has a program that went out over the MRS list, or contact her.

September Meetings (none in August because of Institute)

- Central Sept 21st Chatham
- Eastern Sept 22 Franklin
- Western Sept 27th AB Tech.

Defining

Shared Parenting

- What do we think meets the requirements of a Shared Parenting Meeting? Think this will take several months to define, but what do we need to see in the record to see that it was in fact a meeting?
- How do we feel about having the first meeting within 7 days?
 - Sometimes this is really hard depending on the situation. There are times that counties cannot make the 7 day requirement although they try, but they document the reasons why.
 - Sometimes if the kids are picked up at the sheriffs department the biological parents can be there too so can have one. Also can do this in court.
 - Nash county – feels very strongly about not having an extension on the time frame, she thinks this will be bad for children because they will go more than a week without knowing what is going on, the foster parents won't know how best to deal with this child, and biological parents don't know where their kids are. They do all their meetings at time of placement.
 - Think it depends on the skill of the foster parent especially if the biological parents are hostile.
- Understand the difference between Shared Parenting and Child & Family teams? Yes. SP is for the parents to meet and share about the child, not to develop a case plan.

- Remember that at this point the initial meeting within the first 7 days is the only one that is required, although we certainly hope that they continue throughout the case. At some point it may get to the point that the social worker is not even there.
- What would documentation look like? How would you know that what happened was a Shared Parenting meeting?
 - See some information that the meeting was child centered, what are the routines of the child, health issues (allergies), favorite things.
 - Medicaid card if applicable, information on medication.
 - Descriptive concerning attitudes of both biological and foster parents, dynamics of the meetings.
 - Discussion of how they will handle phone calls, doctor appointments etc. Would like to have discussed any appointments already scheduled, how to handle any that come up. Schedule day and time to call.
 - Discipline techniques
 - School information – areas they may need help in
- What is the least you are comfortable with having done? Sometimes each type of parents are reluctant and there are other issues.
 - Medical issues
 - What is their comfort routine? When they wake up scared, what should you do?
- What guidelines do we want? What is best practice?
 - Policy says 7 days, but best practice would be within 24 hours.
 - Minimum have *someone* from birth family and foster family as well as agency representative. (Some counties use the licensing person to facilitate since they will have a good relationship with the foster parents.)
 - Show that it was a more intimate meeting, not a formal meeting, like a CFT will be. This is more in depth, personal. Also important to be culturally sensitive since often the 2 parents are from different cultural backgrounds. The birth parents might not think to ask about foster parents cultural habits, but the social worker can do that. Social worker needs to be able to jump start the dialog.
- Who should be at the Shared Parenting meetings?
 - Foster Parents, Biological Parents, Social Workers.
 - Children? Depends on situation. Can be good so that they see that the two sets of parents are not enemies.
 - If parent has someone that is closely involved with their life, like always gives them a ride, you may want to include them, but you may not want to have them at the very first one, but keep them in the mix. Consider the individual situation before including anyone else.
 - Same with extended family members. Use judgment on a case by case basis.
- What do you do if you have a non English speaking parent? Do you ask them to bring their own translator, or does the DSS provide someone?
 - Need to make sure you are complying with your agency policy with that.

- Consider issues that may come up if you do not know the person doing the translating and their agenda.
- If you are legally bound to reunify with parent, but child has spent most of their time with Grandma, you will probably invite her to Shared Parenting, and you need to show a realistic picture in the documentation. Legal mandates come into play and have to be balanced with best practice. This is why you have to mold every case to the individual situation.
- Who is responsible for the file? Investigations? Case Managers? Foster Care Workers?
 - The state says the county DSS is responsible. We will not say who specifically. Need to develop a local strategy, but you will have to stay flexible because there will always be the case that is outside the norm.
 - Durham has weekly meetings where they assign tasks to individuals. They have a “normal” procedure, but also incorporate the flexibility to manage the individual worker’s schedules at that time.
 - Each agency has a little bit of a gray area about how they deal with the transition from 210 or 215 to foster care.
 - Blended teams – if you work in blended teams or blended caseloads (case planning & foster care) the worker is already aware of the situation before they come into care, so not as much work to get up to speed.
- What if child goes into Group Home or other facility? How do you do a Shared Parenting Meeting?
 - The parent still wants to meet the people at the group home, understand how it works, its policies.
 - Sometimes it seems to be easier for group homes to embrace Shared Parenting than individual foster parents.
- One county has had a rash of parents getting arrested soon after children coming into care, or children coming into care because parents are arrested. How do you deal with it?
 - Holly’s suggestion is that you try to work with the jail, see if it is possible. If the jail will not work with you, can you do it when parents go to court? If not, then you document the situation.
- If parent off doing crack, and grandma is the one who called DSS to say that she could not care for the child any longer, and so DSS picked up child from her, its ok to have Shared Parenting meeting with her. You should try to find parent, but if you can’t, Grandma, or an older sibling (19 yrs?) will suffice, because they will provide the information foster parents need about the child, and a link for the child to their biological family.
- Family Foster Homes – relative homes are more difficult because they are family and sometimes it is hard to know that they still have to be boundaries. So, these meeting allow us to set parameters.
- Hard to deal with foster parents that are of the mindset that they are fostering to adopt. We need to be sure that we let foster parents know that it is about the children and their need. Be honest with the foster parents that almost all the time the DSS goal is reunification. Their may come a time with some child that they can adopt, but this will not be the goal.
 - Some of the counties have had a lot of success with the foster parents mentoring the biological parents. The biological parents often respect

and can identify with the foster parents more than the DSS workers. DSS is “bad” they took my child, but the foster parent cares for my child and knows them.

- Mecklenburg and Durham have a form to document their Shared Parenting meetings. Will email to Holly & Patrick. (Who are heading up the MRS documentation work group.)
- If you don’t have a standard form, how to you show your documentation. Whoever has the meeting, includes it in their documentation.

Child & Family Teams

- If you are reading a record and there is a CFT mentioned, what would you want to see?
 - Facilitator if it's a high risk case
 - Case plan that was developed (and that it was discussed, not just presented to the family.) Would want to see ideas from parents and their supports. If those are not ideas that were incorporated into the plan, why their ideas would not work.
- Best Practice
 - Referral forms
 - More family than professional staff
 - Involvement of children
- Rockingham has a lot of high and intensive cases and they use staff as facilitators, so it is a burden
- Durham, Forsyth, Ashe, Mecklenburg use facilitators for moderate, but they have full time facilitators.
- The longer counties do CFTs the better they get at identifying which cases really need facilitators and which ones can be handled by the social worker.
- Some counties are having a problem more with their own staff getting used to the meetings than the family. When the mom wants to invite the woman that she does drugs with, the social worker doesn't want them there.
 - Have addressed it by looking at *why* they do not want them there? Is there a safety concern? If not, maybe it would be good for the friend to hear what the issues are with the family.
 - Also, put it back on the family. Ask mom why she wants this person there. Does she think that this person can help her with her issues even through she does drugs with her?
 - Its an issue of sharing power and the DSS needs to internalize this.
 - Often the people that you think will not contribute and may even take away from the meeting, will surprise you and they will be the one that make the biggest impression on the family and can inspire than and support them in change.
- What about professional partners that won't say the things at the meetings that they have complained to DSS about?
 - We need to be very clear with professional partners before the meetings that this is the expectation, and why it is the expectations.
 - Then, follow through at the meetings. Don't let them sit there. In front of the group ask them to discuss the issue face to face with the family because it is not fair to the family not to.

- Holly asked if anyone ever leaves the meeting (the social workers) and leaves the family (with other professionals or community members, sometimes pull out all professionals.)
 - Yes, usually when the discussion has reached a stalemate and the family is looking to DSS to make all their decisions for them. This may bring home to the family that this case plan is *their* plan, because this is new to them as well.
- What kind of Preparation documentation would you look for?
 - Rockingham came up with a referral form that lists who will be there, what the issues will be discussed, and the goals.
 - Mecklenburg has community advocates that are not connected to the DSS, and if the family has not identified anyone that they want to come, they will invite the community advocate that is in the same community that the family is from.
 - Again, be sure to talk early and often about CFTs as well as point out the benefits to the family of bring their supports. They may not want anyone to know their business, and you have to make them see that there are clear benefits to them of having these people there.
- Evaluation of the CFT – some counties are using a form which they turn into a facilitator.
 - Mecklenburg facilitator says if it is something they can address, they do. Have been sending forms to Duke to tally and get a summary of. Sometimes they are vague and generic, but some of them are very specific.
- Several counties have information for families, or other service providers that briefly explains what CFTs are and what they are not. (The part about what they are not is especially helpful for community partners and other professionals because this is a change.)
 - Does this mean DSS workers have to train their community partners? Yes, if you want your CFTs to be good. Find the people that are already on board (like IFPS providers) and get them to help you. DSS is taking the lead on this, so there will be some up front work.
- Some people have been able to stabilize placements through a CFT.
- Sometimes placement worker sits in CFT before child comes into care if it looks like it might be going that way. That way she can start looking for appropriate foster parents and be aware of the issues. It also sometimes wakes up the family that there is a placement worker at their meetings.
- How do you have a CFT around an older child who doesn't really have any family? You ask the child who he/she wants to bring. It may be their Scout leader, or his girlfriend's mom.
- Are people involving children younger than 12?
 - Some are, usually leave it to the discretion of the worker who knows them more than anyone else involved in the case. If they do, then sometimes have the child only in there for part of the meetings, and when they take them out, let them talk when they come back in so that they don't feel excluded.
 - Give the child options. Can leave at any time, and also if they want to share something but don't want to say it, can have someone speak for

- them (that they have talked to before) or have the child write things down and select someone to read it for the child.
 - May have a larger CFT for everyone, and then have a mini one for the child and parents and their therapists.
 - Need to acknowledge that the children hear about these meetings from their family. Sometimes what they hear is likely worse than the actual meetings so having them there actually resolves fear and concerns.
 - Also, if you are having trouble getting people to bring out the real issues and getting to the truth, invite the child. They will often say what they are thinking and not be shy and put things on the table.
- Issues with CFT – scheduling, facilitators, locations
 - Sheer volume is an issue, but have to build some flexibility in your schedule so that you can meet the families needs and not have all the CFTs in the office. Most happen after 5pm.
 - Mecklenburg rolled out voluntary facilitators at first. Now have full time facilitators but their original volunteers can serve as backup.
 - Forsyth is compiling a list by zip code of community meeting places so that if the families home is too small they can meet at these other places. Finding that churches etc. are generally willing to let DSS them use their meeting spaces for free as long as there are no safety issues.
- What does the first one within 30 days look like?
 - Most people say this one is usually just the social worker and the family. Some counties that have been doing them longer have some other people there, either other professionals that the family is working with, or some community people they are working with.
- Difference between P-PAT & CFT (see minutes from last month). These can possibly be the same, however there are requirements for attendees at the P-PAT so the family has to be ok with those people being there in order for it to count as CFT
 - Usually the GAL and the community person are the sticking points that the family is reluctant to have there.
 - The community person – does that have to be someone with NO involvement with the family? Not sure, does not seem to be that way, just no stake in the DSS case.
 - Sometimes the community person gives the DSS a fresh perspective and will call them to the carpet if they need to. Especially when DSS may be reluctant to try the family's suggestions.

Collaboration

Work First

- This will give you the biggest bang for you buck.
- Also coordinate with Adult Services!!!
- What does this documentation need to look like?
 - Come to CFTs, present on home visits, required collaterals, (although they are not listed on the structured intake form from the state you can add them on there), phone contact with them *throughout* the life of the case, CPS going to Success meetings, WF has provided some services, having CPS/WF plans match (not conflict with each other), a copy of WF case plan in CPS record.

- What makes collaboration stand out?
 - Joint case plans
 - Communication all through the life of the case.

Law Enforcement

- Who has an active MOA?
 - Guilford, Mecklenburg, Davidson, Orange
- How do you get it?
 - Usually through a history of mutual backscratching.
 - If Law Enforcement asks for DSS help in a response, even if it is not technically stringent enough to meet our standards, help them out, they may return the favor.
 - Hook up with specific workers. When others see that work, the collaboration will grow.
 - When Law Enforcement goes to investigate sex abuse cases, help them out and provide information that you have. LE doesn't have the same timeline requirements that DSS has, so you have probably already been out there and have a lot of information that LE could use. Many of them are not comfortable with interviewing children and have not had training for that. Can help them there.
 - Co-trainings on gangs, meth, or other issues that will affect both.
 - Mecklenburg does co-training retreats with management from DSS and Law Enforcement.
- Also try to develop a relationship with Probation and Parole.
- If you think you might remove the children, ask Law Enforcement what has been happening with that family. If they have been out there a lot, they may know things that would help you to know.